PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Patent and Tradent Affice; U.S. Debart Affice;

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/646,350 | | | ing Date 22/2003 | To be Mailed | |
|---|---|---|--------------------------------------|---|------------------|---|--|------------------------|-------------------------------|-----------------------|------------------------|--|
| APPLICATION AS FILED - PART I | | | | | | | | | | OTHER THAN | | |
| _ | | | (Column 1) NUMBER FILED | | (Column 2) | | SMALL ENTITY | | OR | _ | ALL ENTITY | |
| L | FOR | N | JMBER FI | .ED NU | NUMBER EXTRA | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| Ľ | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | N/A | | ı | N/A | | |
| Ш | SEARCH FEE (37 CFR 1.16(k), (i), | | N/A | | N/A | | N/A | | ı | N/A | | |
| | (37 CFR 1.16(a), (p), | | N/A | | N/A | | N/A | | ı | N/A | | |
| TO (37 | TAL CLAIMS CFR 1.16(i)) | | minus 20 = | | • | | x \$ = | | OR | x \$ = | | |
| | EPENDENT CLAIM CFR 1.16(h)) | S | minus 3 = * | | | | x \$ = | | | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | ts of pap 50 (\$125 ional 50 : | gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s). | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | | | TOTAL | | |
| APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL E | | | | | | | | | OTHER THAN OR SMALL ENTITY | | | |
| AMENDMENT | 11/21/2007 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.18(1)) | • 14 | Minus | ·· 20 | = 0 | l | X \$25 = | 0 | OR | x s = | | |
| | Independent (37 CFR 1.16(h)) | • 3 | Minus | 3 | = 0 | 1 | X \$105 = | 0 | OR | x s = | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| | | | | | | • | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16()) | | Minus | | - | l | x \$ = | | OR | x s = | | |
| M | Independent (37 CFR 1.16(h)) | | Minus | *** | | 1 | x \$ = | | OR | x \$ = | | |
| H H | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | ı | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| " if the entry in column 1 is less than the entry in column 2, write "0" in column 3. " if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" [Cotal or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is equated by 37 CTR 1.10. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to moderable) any objection. Confidentiality is governed by 80 Sts CTR 2nd 37 CTR 1.15. This collection is estimated to state 2 zenutions to complete is evolved in patients of the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segeogetions form double be sent to the CERT (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandrias, VA 2213-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is produced by the CERT (in the CERT COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is produced to the CERT COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is produced to the CERT COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is produced to the CERT COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients is produced to the CERT COMPLETED FORMS TO THIS ADDRESS SEND TO C. COmmissionment for Patients is produced to the CERT COMPLETED FORMS TO THIS ADDRESS SEND TO C. COMMISSIONE TO C. COMMISSIONE